

STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**CERTIFICATE OF REGISTRATION APPLICATION  
FOR UTILIZATION REVIEW AGENTS**

☐ NEW APPLICATION  
☐ RENEWAL APPLICATION

**FOR THE REGISTRATION PERIOD**

THIS APPLICATION FOR CERTIFICATION AS AN UTILIZATION REVIEW AGENT IS MADE BY:

1. NAME

2. THE APPLICANT IS THE FOLLOWING TYPE OF BUSINESS ENTITY; CHECK ONLY ONE (1) ENTITY:

☐ INDIVIDUAL ☐ CORPORATION ☐ PARTNERSHIP

3. BUSINESS STREET ADDRESS (STREET, CITY, STATE, ZIP CODE) (DO NOT USE A POST OFFICE BOX)

4. BUSINESS MAILING ADDRESS (STREET OR POST OFFICE BOX, CITY, STATE, ZIP CODE)

5. BUSINESS TELEPHONE NUMBER

( )

**NOTE:** If this is a renewal application, complete Sections 6 through 9 only if there has been a material change in the information provided on the utilization review agent's original application for certificate of registration. Check the appropriate box below and proceed to Section 10.

**I CERTIFY THAT THERE HAS BEEN**

- ☐ No material change in the information provided on the original application.  
☐ A material change in the information provided on the original application.

6. IF APPLICANT IS A CORPORATION, THEN PROVIDE THE STATE OF INCORPORATION

7. LIST ALL OTHER LOCATIONS, PROVIDING COMPLETE ADDRESSES AND TELEPHONE NUMBERS. (ATTACH A SEPARATE SHEET TO THIS APPLICATION IF NECESSARY)



ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

8. IF A CORPORATION, PROVIDE THE NAMES OF ALL OFFICERS AND DIRECTORS. IF A PARTNERSHIP, PROVIDE THE NAMES OF ALL PARTNERS. INCLUDE THE **SOCIAL SECURITY NUMBER** AND RESIDENCE ADDRESS OF EACH INDIVIDUAL LISTED:

NAME	SOCIAL SECURITY NO.	ADDRESS

Attach a separate sheet to this application if necessary

9. Has the applicant, or any one (1) if its incorporators, owners, partners, officers, directors or employees performing utilization reviews, ever had an application for a utilization review agent's license, or similar license, denied, revoked, or suspended, or paid a fine or forfeiture in connection with such license; or had any professional, vocational or business license denied, suspended or revoked by any public authority in this or in any other state? \_\_\_\_\_ If the answer to this question is yes, then attach a complete explanation.
10. Attach a cashier's check or money order made payable to the Missouri Department of Insurance in the total amount of one thousand dollars (\$1000). Hereafter the annual registration fee of five hundred dollars (\$500) is due not later than the anniversary date of the original certification.
11. The applicant, being first duly sworn, states that s/he has completed this application or that s/he has read the application and knows its contents and its attachments; that to the best of his/her knowledge and belief the statement made upon this application and upon all attachments are true, correct, and complete in every material respect, and do not contain any statement which, under the circumstances under which it was made, would be false or misleading in respect to any material fact; and that s/he has read and understands the laws of the state of Missouri pertaining to utilization review and utilization review agents. The applicant further certifies, under oath, that it complies with all laws regulating Utilization Review Agents, including Sections 374.510 and 376.1350 - 376.1390, RSMo.

IF THE APPLICANT IS A <b>CORPORATION</b>	OFFICER SIGNATURE 
	TYPE OFFICER NAME AND TITLE
IF THE APPLICANT IS A <b>PARTNERSHIP</b>	PARTNER SIGNATURE 
	TYPE MANAGING GENERAL PARTNER NAME
IF THE APPLICANT IS AN <b>INDIVIDUAL</b>	INDIVIDUAL SIGNATURE

**NOTARY PUBLIC**

NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

12. MAIL THIS COMPLETED APPLICATION TO:

MISSOURI DEPARTMENT OF INSURANCE  
DIVISION OF MARKET CONDUCT-U.R.  
P.O. BOX 4001  
JEFFERSON CITY MO 65102-4001